

## TOWN OF WASHINGTON



## APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer.

Reasonable accommodation will be provided as required by law.

*Resumes may be attached, but will not be accepted in lieu of a completed application*

Last Name		First Name		Middle Initial	Social Security Number:		
Street Address		City/State		Zip Code	Phone Number:		
If hired, can you provide evidence of legal eligibility to work in the U.S.?				Any offer of employment is conditioned upon completing form I-9 and providing the appropriate documents for identity and work authorization.			
Position Desired:		Wage/Salary Desired:		Full Time? Part Time?			
Driver's License Number:		State:		Class:		Expiration:	
Date you can begin work?		Are you 18 years of age or older?		If under 18 years of age, you will be required to submit a birth certificate or work certificate as required by state or federal law.			
Have you ever worked or volunteered for the Town? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, give dates:							
Name of high school attended:		City & State		Graduate?	GED?		
Name of college or technical school:		City & State		Graduate?	Degree?	Major:	
Are you presently enrolled in school?		If yes, give name & address of school and expected degree date:					
List any job-related skills and accomplishments including military service:							
- Your Availability For Work -							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From:							
To:							
Total hours per week you are available to work:			Do you have any special requests or needs for a work schedule?				
Are you physically or otherwise unable to perform the duties of the job for which you are applying? Yes <input type="checkbox"/> No <input type="checkbox"/>							

Have you been convicted of any crime? Yes ☐ No ☐ If yes, please give details including dates, and disposition. Convictions are not an absolute bar to employment. Consideration is given to the offense and its relationship to the position for which you are applying.

Have you had any traffic convictions or accidents in the last three years? Yes ☐ No ☐  
If yes, please list:

**Provide Three References Who Are Not Related to you or Former Employers Who We May Contact -**

Name and Occupation	How do you know them, and for how long?	Phone Number

**Your Employment History**

List names of employers with present or last employer listed first.

May we contact current employers before you are offered a position? \_\_\_\_\_

Name of Employer:	Job Title: Duties:
Address:	Dates of Employment: From: To:
City, State, Zip Code	Hourly pay or salary: Starting pay: Ending pay:
Supervisor:	Reason for Leaving:
Telephone:	
Name of Employer:	Job Title: Duties:
Address:	Dates of Employment: From: To:
City, State, Zip Code	Hourly pay or salary: Starting pay: Ending pay:
Supervisor:	Reason for Leaving:
Telephone:	
Name of Employer:	Job Title: Duties:
Address:	Dates of Employment: From: To:
City, State, Zip Code	Hourly pay or salary: Starting pay: Ending pay:
Supervisor:	Reason for Leaving:
Telephone:	

**CAREFULLY READ EACH STATEMENT BEFORE SIGNING AT THE BOTTOM**

I certify that all of the information provided in this employment application is true and complete to the best of my knowledge, and I authorize investigation of all statements contained in this application, including a criminal background, driver's license check, credit history check, and drug test, as applicable. I understand that any false or incomplete information may disqualify me from further consideration for employment and may result in my immediate discharge if discovered at a later date.

I authorize the investigation of any or all statements contained in this application and also authorize any person, school, current employer, past employers, and other organizations to provide information concerning my previous employment and other relevant information that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements. I understand, also, that I am required to abide by all rules and regulations of the employer.

I have read, understand, and agree to the above statements.

Signature:

Date:

**\*Please mail or bring your completed application to: Washington Town Office  
40 Old Union Rd  
P.O. Box 408  
Washington, Maine 04574**